

Department of Defense Mentor-Protégé Agreement
MENTOR-PROTÉGÉ NEW AGREEMENT CHECKLIST

MENTOR: _____

PROTÉGÉ: _____

MENTOR'S COGNIZANT DCMA ACO: _____

MilDep/Agency PCO/CO: _____

MENTOR CAGE CODE: _____

Type of Agreement: _____ *Credit* _____ *Reimbursable*

MilDep/Agency: _____

Contract Number: _____

Type of Action: *New Agreement* _____

PACKAGE COMPLETE:

	YES	NO	
Signed Mentor-Protégé Agreement	[]	[]	_____
PM Endorsement Letter (Reimbursable only)	[]	[]	_____
SADBU Funding Request (Reimbursable only)	[]	[]	_____
Funding POC Identified (Reimbursable only)	[]	[]	_____
10% incidental cost justification (if required)	[]	[]	_____
Folder attached (existing agreements only)	[]	[]	_____

MENTOR ELIGIBILITY:

	YES	NO	
A. NEW MENTOR – Date of Approval _____	[]	[]	_____
B. PREVIOUSLY APPROVED MENTOR:			
Semi-annual reports submitted?	[]	[]	_____
DCMA Reviews Conducted?	[]	[]	_____
Past Performance Issues?	[]	[]	_____
If so, please specify: _____			

PROTÉGÉ ELIGIBILITY:

	YES	NO	
SDB PRO-NET CERTIFICATION:			
SDB Expire Date	[]	[]	_____
8(a) Expire Date []	[]		_____
Minority Code	[]	[]	_____
WOSB	[]	[]	_____
VOSB	[]	[]	_____
Service Disabled Vet	[]	[]	_____
Emerging SDB	[]	[]	_____
Self-Certified Organization Employing the Severely Disabled	[]	[]	_____
Self-Certified Woman Owned Small Business	[]	[]	_____

FUNDING AVAILABILITY:

	YES	NO	
Funding Exists within Department/Agency Budget	[]	[]	_____

Other: _____

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AGREEMENT APPROVAL

	YES	NO	
One Agreement for Each M/P Proposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Firm Name/Address/Phone #/POC Mentor & Protege	<input type="checkbox"/>	<input type="checkbox"/>	_____
Description of Developmental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Milestones for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Metrics for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Past and Estimated \$ Subcontracts to Protégé(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Estimated Cost of Developmental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
SIC Codes for protégé: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
NAICS Codes for protégé _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Estimate of Cost \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Incidental Cost (\$\$) & (%): (not to exceed 10%) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Period of Performance _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Termination Procedures for Both Parties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signed by Both Parties	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Protégé agrees to comply with reporting/review requirements</i> <input type="checkbox"/>	<input type="checkbox"/>		_____
<i>Mentor agrees to comply with reporting/review requirements</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- PREVIOUSLY PARTICIPATED AS A PROTÉGÉ:

Previous Mentor	_____
Term of Previous Agreement	_____
Semi-annual Reports Received/Rebutted	<input type="checkbox"/> <input type="checkbox"/> _____
DCMA Reviews Conducted	<input type="checkbox"/> <input type="checkbox"/> _____

Past Performance Issues: _____

Approval [] Disapproval [] Initials_____ Date_____